

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

0965740.09

mmoore

Michael G. Adams Kentucky Secretary of State

Received and Filed: 2/4/2025 3:15 PM Fee Receipt: \$40.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Withdrawal (Foreign Business Entity)			WFE
Pursuant to the provisions of KR business entity named below and	d, for that purpose	e, submits the following st	certificate of withdra atements:	wal on behalf of the
1. The name of the business en	tity is ( <b>The name</b> m	oust be identical to the name	ne on record with the	Secretary of State.)
2. The state or country of format	tion is Delaware			
The Secretary of State may for on the Secretary of State and	orward to the busi	ness entity at the following the Secretary of State of	g street address and f any future changes	y process served s to this address:
2 Westbrook Corporate Center, Sui	te 200	Westchester	IL	60154
Street Address (No Post Office Bo	ox Numbers)	City	State	Zip Code
<ol> <li>The business entity is not train the Commonwealth or pursual authority from the commissioner</li> <li>The business entity revokes appoints the Secretary of State aduring the time it was authorized of State in the future of any char</li> </ol>	nt to KRS 14A.9-( of the Departmer the authority of its as its agent for se I to transact busin	010(7) the business entity nt of Insurance.  s registered agent to accervice of process in any priess in the Commonwealt	ept service of proces	with a certificate of s on its behalf and a cause of action arising
6. This application will be effect	ive upon filing.			
I declare under penalty of perjur	y under the laws	of Kentucky that the forgo	ing is true and corre	ct.
Signed by:	More	Sonia Moore, Trea	surer	12/20/2024
Signature of Authorized Represen		Printed Name		Date